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Complaint Reporting Quarterly Review

Instructions

Purpose:

As required by 10A NCAC 27G.0609, Area Authorities/County Programs (AA/CP) must report on complaints made to them no less than quarterly to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS). By analyzing the quarterly reports AA/CP or LMEs, consumers, the public and DMH/DD/SAS stakeholders will be able to assess patterns to help support efforts to improve the quality of care delivered.

Who Must Submit the form:

AA/CPs or LMEs must submit a report reviewing complaints as required by 10A NCAC 27G.0609.

What to File:

All of the information in the prepared form must be submitted by the local AA/CP or LME. The data should include all complaints including those made on behalf of clients and complaints not related to clients. The information requested on the form falls into two categories:

- Number of complaints in total, with summary totals by complaint type, age, disability, and origin of the complaint.
- Examples of how the AA/CP or LME is using the complaint information to monitor and manage the quality of care being provided and to conduct client rights investigations.

When to File:

Since many complaints result in an investigation or provider monitoring, there is a 4 month delay in reporting in order to obtain the outcome/resolution information for each complaint. Follow the schedule listed below:

Information On Complaints Is Due:

Quarter	Collection	Report Due to DMH/DD/SAS	Performance Contract Quarterly Report
1 st - September 2006	Begin Collecting Data on September 1, 2006	February 20, 2007	Not Reported
2 nd - October, November, and December 2006	Begin Collecting Data on October 1, 2006	May 20, 2007	August 2007
3 rd - January, February and March 2007	Begin Collecting Data on January 1, 2007	August 20, 2007	November 2007
4 th - April, May and June 2007	Begin Collecting Data April 1, 2007	November 20, 2007	February 2008

For reporting purposes, primary concern will be combined into reporting categories.

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Reporting Category	Definition	Primary Complaint/Concern
Abuse, Neglect and Exploitation	Any allegation regarding the abuse, neglect and/or exploitation of a child or adult as defined in APSM 95-2 (Client Rights Rules in Community Mental Health).	Abuse, Neglect and Exploitation
Access to Services	Access to Services as any complaint where an individual is reporting that he/she has not been able to obtain services.	Access to Services
Client Rights	Any allegation regarding the violation of the rights of any consumer of mental health/developmental disabilities/substance abuse services. Clients Rights include the rights and privileges as defined in General Statutes 122C and APSM 95-2 (Client Rights Rules in Community Mental Health).	Client Rights
Confidentiality/HIPAA	Any breach of a consumer's confidentiality and/or HIPAA regulations.	Confidentiality/HIPAA
Human Relations	Any complaint regarding inappropriate or inadequate actions of another person in addressing an issue related to mh/dd/sas.	Cultural Sensitivity, Respect, Courtesy, Communication, Responsiveness, Failure to Respond to Complaint.
Incident/Safety Concern	Any complaint regarding an incident or safety concerns during the provision of services or at a service site.	Incident/Safety Concern
Medication	Any complaint regarding the administration or prescribing of medication, including the wrong time, side effects, overmedication, refills, etc.	Medication
Payment/Billing	Any complaint regarding the payment/financial arrangement, insurance, and/or billing practices regarding mh/dd/sas.	Payment/Billing
Provider Choice	Any Complaint that a consumer or legally responsible person was not given information regarding available service providers.	Provider Choice, Resource Information, Referral Process
Quality of Care	Any complaint regarding inappropriate and/or inadequate provision of services.	Quality of Care
Level of Care/Treatment Decisions	Any complaint regarding the Utilization Review process, including the service plan submission, utilization management decision, level of care decision and/or service authorization	UM Decisions, Service Authorizations, Level of Care Decisions (LOC), Service Denial, Reduction, Suspension or Termination
Service Provider	Any complaint regarding the action or behavior of a specific service provider staff or agency.	Service Provider, Case Management, Physician, Staff Person
Service Related	Any complaint involving services, treatment planning process, service plan (Person-Centered Plan) and/or services not meeting the needs of the consumer(s).	Service/PCP/Discharge Plan, Services not meeting needs
Other	Any complaint that does not fit the above areas.	Compliance with Rules, Paperwork, Facility-Related (not incident or safety concern)

How to File:

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The quarterly report form may be mailed, faxed or sent in electronically from the prepared WORD template or an alternate equivalent electronic format.

Electronic copies of the completed form, the WORD template or alternate equivalent, may be emailed to:

The Customer Service and Community Rights Team

Email: dmh.advocacy@ncmail.net

Paper copies of the completed form may be mailed or faxed to:

Glenda Stokes or Cindy Koempel

Customer Service and Community Rights Team

Advocacy and Customer Service Section

Division of MH/DD/SAS

North Carolina Department of Health and Human Services

3009 Mail Service Center

Raleigh, NC 27699-3009

FAX: 919-715-3197

Phone: 919-733-4962

Direct any questions to: DMH/DD/SAS Customer Service and Community Rights Team
Phone: 919-715-3197 Fax: 919-733-4962
Email: dmh.advocacy@ncmail.net